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UCLA TRANSPLANT NEPHROLOGY FELLOWSHIP Application Form

YEAR: _____

Anticipated Starting Date in Program

Instructions: Please type or print clearly. Attach additional sheets if more space is needed.

IDENTIFYING INFORMATION

Last Name		First Name	Initial	Social Security Number	
Birth Date	Birth Place	Citizenship	Vista Status	Date Entered U.S.	Country of Residence
Home Address		City	State	Zip	Cell Telephone
Present Position		Name of Institution			
Institution Address		City	State	Zip	Office Telephone
Research Interest					Email Address

PREMEDICAL EDUCATION

College or University					Degree
Address		City	State	Zip	Date of Graduation
College or University					Degree
Address		City	State	Zip	Date of Graduation

MEDICAL EDUCATION

Medical School	Location	Dates Attended	Date of Graduation
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CERTIFICATIONS

ECFMG #	FMGEMS	Date of Exam	FLEX	Date of Exam
Specialty Board			Date	
Specialty Board			Date	

POST MD TRAINING

PGY-1	_____ to _____	_____	_____	_____
	Year	Year	Institution	Location Type
PGY-2	_____ to _____	_____	_____	_____
	Year	Year	Institution	Location Type
PGY-3	_____ to _____	_____	_____	_____
	Year	Year	Institution	Location Type
PGY-4	_____ to _____	_____	_____	_____
	Year	Year	Institution	Location Type
PGY-5	_____ to _____	_____	_____	_____
	Year	Year	Institution	Location Type
Other	_____ to _____	_____	_____	_____
	Year	Year	Institution	Location Type

LICENSURE**CA**

State

License Number

Expiration Date

State

License Number

Dates of Licensure

State

License Number

Dates of Licensure

DEA Certificate Number

Expiration Date

WORK EXPERIENCE

Please list relevant laboratory, research, or teaching assistant positions held. (You may include relevant voluntary experience)

Position Title**Institution****Dates Employed**

PROFESSIONAL ORGANIZATIONS

Please list memberships in professional organizations and societies.

Name of Organization/Society**Membership Dates**

PUBLICATIONS

Attach a sheet listing all publications, including abstracts, articles, monographs. You may attach a curriculum vitae and a personal statement regarding your interest in transplant nephrology and future plans, if you wish.

REFERENCES

Please list the names and location of three references to whom you are going to send Confidential Reference Reports for completion. The first reference should be the program Director of your present or most recent clinical training program.

(1) Name: _____ Title: _____

Institution: _____

(2) Name: _____ Title: _____

Institution: _____

(3) Name: _____ Title: _____

Institution: _____

SIGNATURE**X** _____**APPLICANT**_____ **DATE**

COMPLETE YOUR APPLICATION

By sending all application materials to: Fellowship Program Coordinator, UCLA Transplant Nephrology Fellowship Program, 700 Tiverton Avenue, 7-155 Factor Bldg., Los Angeles, CA 90095-1689; Direct any questions to: (310) 206-6741.

PERSONAL STATEMENT

(Please explain in detail: 1) why you have chosen to go into Transplant Nephrology; 2) why you wish to obtain training in Transplant Nephrology & 3) your future goals relating to patient care and original research)

CONFIDENTIAL REFERENCE REPORT



UCLA TRANSPLANT NEPHROLOGY FELLOWSHIP

TO THE APPLICANT

This section to be completed by the applicant before presenting to the reference.	
Applicant's Name:	_____
Applicant's Address:	_____ _____
Applicant's Telephone Number:	_____

TO THE REFERENCE

The above-named applicant has applied for appointment to the UCLA Nephrology Fellowship and has named you as one of several references. We ask your cooperation in responding promptly. All replies will be held in strict confidence. Please note that the completed form is NOT to be returned to the applicant, but to the address below.

Please indicate below the period of time you have known the applicant and in what capacity.

Period of Time Known

Capacity

Please mail completed form to:

Reggie Mateo
UCLA Transplant Nephrology Fellowship Program
David Geffen School of Medicine at UCLA
700 Tiverton Avenue, 7-155 Factor Bldg.
Los Angeles, CA 90095-1689

Please contact Reggie Mateo with any questions or concerns at (310) 206-6741.

CONFIDENTIAL REFERENCE REPORT

SECTION I

Please rate the applicant by circling the appropriate number which most nearly represents your opinion of the applicant in comparison with a REPRESENTATIVE group of individuals you have known who have had approximately the same training and experience.

Characteristic	Unable to Judge	Poor Lowest 25%	Fair 26-75%	Excellent 76-90%	Outstanding Highest 100%
Overall preparation for the Fellowship	0	1	2	3	4
Industry/Perseverance	0	1	2	3	4
Motivation	0	1	2	3	4
Initiative	0	1	2	3	4
Ability to meet deadlines	0	1	2	3	4
Maturity	0	1	2	3	4
Clinical Ability	0	1	2	3	4
Interpersonal facility with peers	0	1	2	3	4
Interpersonal facility with patients	0	1	2	3	4
Demonstrated skill at research	0	1	2	3	4
Potential skill at research	0	1	2	3	4
Integrity	0	1	2	3	4
Judgement/critical sense	0	1	2	3	4
Intellectual ability	0	1	2	3	4
Demonstrated originality	0	1	2	3	4
Potential originality	0	1	2	3	4
Leadership capacity	0	1	2	3	4
Demonstrated productivity	0	1	2	3	4
Potential productivity	0	1	2	3	4
Ability to communicate (written)	0	1	2	3	4
Ability to communicate (spoken)	0	1	2	3	4
Commitment to Nephrology	0	1	2	3	4
Commitment to Academic Medicine	0	1	2	3	4
Overall Evaluation	0	1	2	3	4

CONFIDENTIAL REFERENCE REPORT

SECTION II

Please elaborate on the applicant's performance on the basis of which you arrived at your assessment in Section I. If possible, please cite from specific illustration of the applicant's performance. You may attach a letter if you wish.

SIGNATURE

X _____
SIGNATURE OF REFERENCE

DATE

PRINT NAME OF REFERENCE

TITLE OF REFERENCE

INSTITUTION

TELEPHONE NUMBER